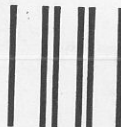


USPS TRACKING#



590 9402 3530 7275 9856 62



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

The O'Neal Firm Inc.
700 12th St. NW, Suite 700
Washington DC 20005

ER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
your name and address on the reverse
at we can return the card to you.
h this card to the back of the mailpiece,
the front if space permits.

Addressed to:
m Rotman Esq
York + Company Inc
West 34th St. Fl 7
New York NY 10001-2409



590 9402 3530 7275 9856 62

Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>Keim Brown</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name)	C. Date of Delivery <i>5/14/18</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
---	--

3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt